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# FEE TRANSMITTAL

<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>	
		Application Number	10/590,300-Conf. #7179
		Filing Date	June 21, 2007
		First Named Inventor	Eric T. Fosel
		Examiner Name	I. Y. Treyger
		Art Unit	3761
TOTAL AMOUNT OF PAYMENT	(\$)	1,890.00	Attorney Docket No.
S1509.70037US01			

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify):
<input checked="" type="checkbox"/>	Deposit Account	<input type="checkbox"/>	Deposit Account Number:	23/2825				<input type="checkbox"/>	Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  Fee (\$)  
 Each independent claim over 3 (including Reissues)  Fee (\$)  
 Multiple dependent claims  Fee (\$)

<input type="checkbox"/>	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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<input type="checkbox"/>	or HP =	x	=	Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

<input type="checkbox"/>	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
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<input type="checkbox"/>	or HP =	x	=	Fee (\$)	Fee Paid (\$)
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HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<input type="checkbox"/>	Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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<input type="checkbox"/>	- 100 =	/50 =	(round up to a whole number) x	=	Fee Paid (\$)
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